

**FOR COUNTY USE ONLY**

E	<input checked="" type="checkbox"/>	New	Vendor Code		SC	Dept.	A	Contract Number	
M	<input type="checkbox"/>	Change							
X	<input type="checkbox"/>	Cancel						99-	
County Department					Dept.		Orgn.		Contractor's License No.
ARROWHEAD REGIONAL MEDICAL CENTER									
County Department Contract Representative					Ph. Ext.		Amount of Contract		
MARK H. UFFER, INTERIM DIRECTOR					06160		\$ 0.00		
Fund	Dept.	Organization	Appr.	Obj/Rev	Source	Activity	GRC/PROJ/JOB Number		
EAD	MCR	MCR	200	2445					
Commodity Code				Estimated Payment Total by Fiscal Year					
				FY	Amount	I/D	FY	Amount	I/D
Project Name									

County of San Bernardino

**F A S****CONTRACT TRANSMITTAL**CONTRACTOR OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENTBirth Date \_\_\_\_\_ Federal ID No. or Social Security No. 95-6002748Contractor's Representative VIRGINIA DONOVAN, CONTRACTS OFFICER

Address \_\_\_\_\_ Phone \_\_\_\_\_

Nature of Contract: *(Briefly describe the general terms of the contract)*

The Song-Brown Family Physician Training Act was enacted to assist resident physicians in Family Practice Training programs to obtain training in how to serve multicultural communities and lower socioeconomic neighborhoods. For over 20 years the Medical Center has been granted funds under this Act to test and develop innovative programs to serve our population and provide educational opportunities for the resident physicians.

The proposed grant will provide the support for:

1. a half-day seminar for resident physicians in how to educate patients and how to use behavioral modification techniques;
2. a half-day seminar for resident physicians to practice the techniques;
3. scheduling clinic time for resident physicians to use the techniques;
4. providing community outreach through a mobile van unit.

The program will meet a significant community need as well as providing a valuable training opportunity for the resident physicians.

*(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)*

Approved as to Legal Form

\_\_\_\_\_  
County Counsel

Date \_\_\_\_\_

Reviewed as to Contract Compliance

\_\_\_\_\_  
Date \_\_\_\_\_

Reviewed for Processing

\_\_\_\_\_  
Agency Administrator/CAO

Date \_\_\_\_\_